

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Lone Star Leadership PAC

ADDRESS (number and street) ▼

PO Box 30844

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20824-0844

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00415208

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Martin Jr.

Signature of Treasurer

Steven Martin Jr.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Lone Star Leadership PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 05 | | 01 | | 2015 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 05 | | 31 | | 2015 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | | | | | | |
|--|--|-----------------------------------|---|---|---|------|--|-----------|--|--|--|---|----------|--|--|--|--|
| 6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table> | Y | Y | Y | Y | Y | 2015 | | | | | | <table><tr><td colspan="5">99772.15</td></tr></table> | 99772.15 | | | | |
| Y | Y | Y | Y | Y | | | | | | | | | | | | | |
| 2015 | | | | | | | | | | | | | | | | | |
| 99772.15 | | | | | | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table><tr><td colspan="5">127970.89</td></tr></table> | 127970.89 | | | | | | | | | | | | | | | |
| 127970.89 | | | | | | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table><tr><td colspan="5">38390.13</td></tr></table> | 38390.13 | | | | | <table><tr><td colspan="5">114240.13</td></tr></table> | 114240.13 | | | | | | | | | |
| 38390.13 | | | | | | | | | | | | | | | | | |
| 114240.13 | | | | | | | | | | | | | | | | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <table><tr><td colspan="5">166361.02</td></tr></table> | 166361.02 | | | | | <table><tr><td colspan="5">214012.28</td></tr></table> | 214012.28 | | | | | | | | | |
| 166361.02 | | | | | | | | | | | | | | | | | |
| 214012.28 | | | | | | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31)..... | <table><tr><td colspan="5">8285.43</td></tr></table> | 8285.43 | | | | | <table><tr><td colspan="5">55936.69</td></tr></table> | 55936.69 | | | | | | | | | |
| 8285.43 | | | | | | | | | | | | | | | | | |
| 55936.69 | | | | | | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table><tr><td colspan="5">158075.59</td></tr></table> | 158075.59 | | | | | <table><tr><td colspan="5">158075.59</td></tr></table> | 158075.59 | | | | | | | | | |
| 158075.59 | | | | | | | | | | | | | | | | | |
| 158075.59 | | | | | | | | | | | | | | | | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td colspan="5">0</td></tr></table> | 0 | | | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | | | | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td colspan="5">0</td></tr></table> | 0 | | | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | | | | | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Lone Star Leadership PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 05 | | 01 | | 2015 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 05 | | 31 | | 2015 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

2390.13

7040.13

(ii) Unitemized

0

13200

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2390.13

20240.13

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

36000

94000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

38390.13

114240.13

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

38390.13

114240.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

38390.13

114240.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0 | 0 |
| (ii) Non-Federal Share..... | 0 | 0 |
| (b) Other Federal Operating Expenditures | 8285.43 | 56936.69 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 8285.43 | 56936.69 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0 | -1000 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0 | 0 |
| 26. Loan Repayments Made..... | 0 | 0 |
| 27. Loans Made..... | 0 | 0 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0 | 0 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0 | 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0 | 0 |
| 29. Other Disbursements | 0 | 0 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0 | 0 |
| (ii) "Levin" Share..... | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 | 0 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 8285.43 | 55936.69 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8285.43 | 55936.69 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 38390.13 | 114240.13 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 38390.13 | 114240.13 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 8285.43 | 56936.69 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 8285.43 | 56936.69 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Vicki E. Hart

Mailing Address 3823 Fordham Road NW

City
Washington

State Zip Code
DC 20016-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hart Health Strategies

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2390.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 385-1273-i

Amount of Each Receipt this Period

2390.13

In-Kind: Catering

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2390.13

2390.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. American Academy of Dermatology Association PAC (SkinPAC)

Mailing Address 1445 New York Avenue NW
Suite 800

City Washington State DC Zip Code 20005-2125

FEC ID number of contributing
federal political committee.

C C00359539

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / **01** / **2015**

Transaction ID : 448-1232-c

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. American Academy of Family Physicians PAC - FamMedPAC

Mailing Address 1133 Connecticut Ave NW
Suite 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing
federal political committee.

C C00411553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

05 / **01** / **2015**

Transaction ID : 650-1229-c

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

C. American Academy of Ophthalmology, Inc. PAC (OphthPAC)

Mailing Address 655 Beach Street

City San Francisco State CA Zip Code 94109-1342

FEC ID number of contributing
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / **01** / **2015**

Transaction ID : 455-1230-c

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. American Health Care Association PAC (AHCA PAC)

Mailing Address 1201 L Street NW

City State Zip Code
 Washington DC 20005-4024

FEC ID number of contributing
federal political committee.

C C00006080

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / **01** / **2015**

Transaction ID : 728-1233-c

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. Political Action Committee of the American Association of Orthopaedic Surgeons (AAOS)

Mailing Address 317 Massachusetts Avenue NE
 Floor 1

City State Zip Code
 Washington DC 20002-5769

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / **01** / **2015**

Transaction ID : 419-1231-c

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C. Bryan Cave, LLP PAC

Mailing Address 1155 F Street NW
 Suite 500

City State Zip Code
 Washington DC 20004-1357

FEC ID number of contributing
federal political committee.

C C00332643

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / **06** / **2015**

Transaction ID : 862-1238-c

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. American Academy of Neurology Professional Association BrainPAC

Mailing Address 201 Chicago Avenue

City State Zip Code
Minneapolis MN 55415

FEC ID number of contributing
federal political committee.

C C00435933

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

05 / **15** / **2015**

Transaction ID : 438-1240-c

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

B. American Society of Plastic Surgeons (ASPS) PAC (PlastyPAC)

Mailing Address 444 East Algonquin Road

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing
federal political committee.

C C00249342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / **21** / **2015**

Transaction ID : 454-1241-c

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C. Society for Cardiovascular Angiography & Interventions (SCAI) PAC

Mailing Address 2400 N Street NW
Suite 600

City State Zip Code
Washington DC 20037

FEC ID number of contributing
federal political committee.

C C00519371

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

05 / **21** / **2015**

Transaction ID : 1074-1242-c

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

36000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Blueprint CommunicationsMailing Address 2111 Eisenhower Avenue
Suite 400

City Alexandria State VA Zip Code 22314-4679

Purpose of Disbursement
PAC Public Affairs Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 01 2015**Transaction ID : SB21B-896-1228-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

B. Bogart Associates, Inc.

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement
SEE MEMO ITEMS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 01 2015**Transaction ID : SB21B-414-1227-e**

Amount of Each Disbursement this Period

47.83

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
PAC Meal Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 01 2015**Transaction ID : SB21B-441-293-V**

Amount of Each Disbursement this Period

27.63

[MEMO ITEM]

Subitemization of Bogart Associates, Inc. (05/01/15)

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1547.83

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Lone Star Leadership PAC

A. Campaign Financial Services

Mailing Address PO Box 30844

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Bethesda | MD | 20824-0844 |

| | |
|-------------------------|----------------|
| Purpose of Disbursement | SEE MEMO ITEMS |
|-------------------------|----------------|

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B-401-1234-e

Amount of Each Disbursement this Period

875

Full Name (Last, First, Middle Initial)

B. Campaign Financial Services

Mailing Address PO Box 30844

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Bethesda | MD | 20824-0844 |

| | |
|-------------------------|---------------------------|
| Purpose of Disbursement | PAC Compliance Consulting |
|-------------------------|---------------------------|

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B-401-295-V

Amount of Each Disbursement this Period

725

[MEMO ITEM]
Subitemization of Campaign Financial Services (05/08/15)

Full Name (Last, First, Middle Initial)

C. Campaign Financial Services

Mailing Address PO Box 30844

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Bethesda | MD | 20824-0844 |

| | |
|-----------------------------|--|
| Purpose of Disbursement | |
| PAC General Office Supplies | |

Candidate Name _____

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B-401-296-V

Amount of Each Disbursement this Period

[MEMO ITEM]
Subitemization of Campaign Financial Services (05/08/15)

SUBTOTAL of Disbursements This Page (optional).....

875.00

TOTAL This Period (last page this line number only).....

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Sahmel & AssociatesMailing Address 3033 Fifth Avenue
Suite 425

City San Diego State CA Zip Code 92103

Purpose of Disbursement
PAC Treasurer Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : SB21B-967-297-V**

Amount of Each Disbursement this Period

100

[MEMO ITEM]

Subitemization of Campaign Financial Services (05/08/15)

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
PAC Catering

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : SB21B-441-1235-e**

Amount of Each Disbursement this Period

1892.47

Full Name (Last, First, Middle Initial)

C. The Liaison Capitol Hill Hotel

Mailing Address 415 New Jersey Avenue NW

City Washington State DC Zip Code 20001-2001

Purpose of Disbursement
PAC Catering

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 11 2015**Transaction ID : SB21B-514-1246-e**

Amount of Each Disbursement this Period

500

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2392.47

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Lone Star Leadership PAC

Three digital displays showing the date in MM/DD/YYYY format: 05/14/2015.

Category/
Type

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

8285.43